

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 0742121
APPLICANT(S)

FILING DATE

CLAIMS

	AD FILED		ADDED BY AMOUNT		ADDED BY AMOUNT	
	CID	DEP	CID	DEP	CID	DEP
1	1					
2		1				
3						
4						
5						
6						
7						
8		1				
9	1					
10		1				
11						
12						
13						
14						
15		1				
16	2	1				
17	2	1				
18	1					
19	1					
20	1					
21	1					
22	1					
23		1				
24		1				
25		1				
26	1					
27						
28						
29						
30		1				
31		1				
32	2	1				
33	1					
34	1					
35	1					
36	1					
37	1					
38	1					
39	1					
40	1					
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	40					
TOTAL CLAIMS	43					

CLAIMS	CID	DEP	CID	DEP	CID	DEP
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						